

CONTRACT ROUTING SHEET

Date Prepared: 12/31/2012

Need Date: 1/3/2012

PROCESSING DEPARTMENT:

Department: CAO/Risk Management
Dept. Contact: Sherri Adams
Phone #: Ext 6084
Department
Head Signature: *Kim Keen*

CONTRACTOR:

Name: CSAC-EIA
Address: 75 Iron Point Circle, Suite 200
Folsom, CA 95630
Phone: 916-850-7300

CONTRACTING DEPARTMENT: CAO/Risk Management

Service Requested: Cyber Liability Insurance Review
Contract Term: 1/1/2013 to 1/1/2014 Contract Value: \$1,000.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 12/31/12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

E-DRACON COUNTY COUNSEL
2012 DEC 31 PM 2:31

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____